



GEORGIA BOARD OF NURSING

Professional Licensing Boards Division
237 Coliseum Drive
Macon, Georgia 31217-3858
Telephone: (478) 207-2440
Fax: (478) 207-1660
Web Site: www.sos.georgia.gov/plb/rn

VERIFICATION OF LICENSURE AS A REGISTERED NURSE BY ENDORSEMENT

Complete the top portion and forward one form to your state of **ORIGINAL** licensure and one to your state of **CURRENT** licensure. If you're original board of licensure can provide verification of current license, forward form only to your original board of licensure. The state of Original/Current licensure will return this form directly to the Georgia Board of Nursing. Inquire whether there is a fee for completing the form when mailing to the respective board and submit fee with this form.

1. Name _____
First Middle Maiden Last
2. Address _____
Street City State Zip
3. Social Security No. _____
4. Date of Birth ____/____/____
5. Name of Nursing School _____
6. Date of Graduation ____/____/____
7. Location (city/state) _____
8. Date RN Exam Passed ____/____/____
9. I hereby authorize the designated Board of Nursing to furnish the information requested to the Georgia Board of Nursing.
State of _____ Board of Nursing RN License No. _____
Date _____ Signature _____

FOR LICENSING AGENCY USE ONLY

This is to certify that the above named individual was issued license number _____ to practice as a registered professional nurse on _____ (year licensed).

Licensed by: ☐ Examination ☐ Endorsement ☐ Waiver
Current licensure status: ☐ Active ☐ Inactive ☐ Lapsed

Date License expires _____ Has this license ever been encumbered in any way? (denied, revoked, suspended, surrendered, limited, place on probation) ☐ Yes ☐ No If Yes, please submit an official copy of board action.

NCLEX-RN S.B.T.P.E. RN SCORES

		Medical Nursing	Psychiatric Nursing	Obstetric Nursing	Surgical Nursing	Nursing of Children
Standard Scores						
Series						

State Board Constructed Examination (Attach Report)

Signature: _____
Title: _____
Board: _____
Date: _____

BOARD SEAL